

WS
MAR 16 1962
CF

**THE CLEVELAND MUSEUM OF ART
FORTY-FOURTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 16 to JUNE 24, 1962**

PLEASE
PRINT
PLAINLY

Collaborator if any _____ Artist ROBERT B. SIBBISON

Artist ROBERT B. SIBBISON

Address 2273 GRANDVIEW, CLEVE. HTS.; CUYAHOGA Shipping Address _____ Tel. 371-0638
NO. STREET CITY COUNTY (IF SHIPMENT IS REQUIRED)

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank.

SUBMIT ENTRY BLANK NO LATER THAN MARCH 19, 1962.

Use second blank if required

Permission to print prices on labels granted unless declined here.

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1962.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Robert B. Sibbison
SIGNATURE